

FOIA Request

#EPA-R6-2014-3115

Documents 1 of 1

① N.W

MEMORANDUM

SUBJECT: Transmittal Memo - Compliance Monitoring Report(s)

FROM: Samuel Tate, Chief *Samuel Tate 3/5/2012*
Surveillance Section (6EN-AS)

TO: Paulette Johnsey, Chief
NPDES Compliance Monitoring Section (6EN-WC)

An oversight compliance evaluation inspection was conducted on January 31 – February 01, 2012, by inspector David Long at the following location:

Facility Name: Georgia Pacific LLC
Address: 100 Mill Supply Road
City: Crossett, Arkansas 71635
Permit No.: AR0001210

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6EN-W

Type Facility: Federal () Municipal () Non-Municipal (X)

Compliance monitoring reports attached: (Check appropriate box)

NPDES

(X) Major	(X) CEI	() PAI	() PCI
() Minor	() CSI	() DIA	() IU
() NOD	() CSI-Toxics	() BIO	() Agricultural

Comments: _____

1 - Permit/CD
2 - AG & AD mail
3 - Data's
4 - Wt. Sem. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

04-412
vw

EPA

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code		NPDES										yr/mo/day		Inspection Type		Inspector		Fac Type										
1	N	2	5	3	A	R	0	0	0	1	2	1	0	11	12	1	2	0	1	3	1	17	18	O	19	R	20	1
21		S	I	C	C	O	D	E	2		4	2	1	66														
Inspection Work Days		Facility Evaluation Rating		BI		QA		Reserved																				
67		69		70		71	N	72	N	73		74		75													80	

Section B: Facility Data

Name and Location of Facility Inspected Georgia Pacific LLC 100 Mill Supply Road Crossett, AR		Entry Time/Date 09:45 a.m. 01/31/2012	Permit Effective Date 09/30/2010
		Exit Time/Date 04:50 p.m. 02/01/2012	Permit Expiration Date 10/31/2015
Name(s) of On-Site Representatives James Cutbirth Rachel Johnson		Title(s) Environmental Affairs Manager Environmental Engineer	Phone Number 870-567-8144 870-567-8170
Name, Address of Responsible Official James Cutbirth Georgia-Pacific, LLC P.O. Box 3333 Crossett, AR 71635		Title Environmental Affairs Manager	Phone Number 870-567-8144
		Contacted: YES <u>X</u> NO <u> </u>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	N	Storm Water	N	CSO/SSO
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	U	Operations & Maintenance		

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

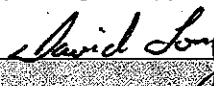
EXECUTIVE SUMMARY: The inspection report and ratings in Section C (Areas Evaluated During Inspection) are those of the state inspector. Refer to the attached state report for a summary of the findings in the areas evaluated during the inspection.

The Compliance Evaluation Inspection (CEI) was conducted by the State of Arkansas Department of Environmental Quality (ADEQ) Inspector John Lamb. All areas marked in Section C were adequately evaluated by the inspector and met the needs of the National Pollutant Discharge Elimination System (NPDES) Program.

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MAR 13 2012

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Name(s) and Signature(s) of Inspector(s) 	Agency/Office/Telephone US EPA/6EN-AS/(214) 665-7323	Date 03/06/2012
Signature of Reviewer	Agency/Office US EPA/6EN-AS	Date

ADEQ

ARKANSAS
Department of Environmental Quality

February 27, 2012

Mr. James W. Cutbirth, Environmental Affairs Manager
Georgia Pacific, LLC
Crossett Operations
P.O. Box 3333
Crossett, AR 71635

RE: Compliance Inspection

AFIN: 02-00013, NPDES Permit No.: AR001210

Dear Mr. Cutbirth:

On January 31 and February 01, 2012, David Long, USEPA Region 6, Ronald Smith, ADEQ District 10 Water Inspector, and I performed a routine compliance inspection of the facility in accordance with the provisions of the Federal Clean Water Act, the Arkansas Water and Air Pollution Control Act, and the regulations promulgated thereunder. This inspection revealed the following:

- 1. The facility contract lab (Test America) is not specifying which method in Standard Method is being used for Nitrate-Nitrogen analysis. This is a violation of Part III.C.3 of the permit.**
- 2. The bar screen area had excessive solids on both sides of the ground. This area needed better housekeeping. This is a violation of Part III.B.1.a of the permit.**
- 3. The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion it. This is a violation of Part III.B.1.a of the permit.**

The above items require your immediate attention. Please submit a written response to these findings to Water Division Enforcement Branch. This response should be mailed to the address below, or e-mailed to Water-Enforcement-Report@adeq.state.ar.us. This response should contain documentation describing the course of action taken to correct each item noted. This corrective action should be completed as soon as possible, and the written response with all necessary documentations (i.e. photos) is due by March 08, 2012.

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY

5301 NORTHSORE DRIVE / NORTH LITTLE ROCK / ARKANSAS 72118-5317 / TELEPHONE 501-682-0744 / FAX 501-682-0880
www.adeq.state.ar.us

Letter to James Cutbirth, G-P
February 16, 2012,
Page 2

It was also noted that the facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. The facility was shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility stated that this is more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, at 501-682-0938 for written approval for variance in the method.

For additional information you may contact the enforcement branch by telephone at 501-682-0639 or by fax at 501-682-0910.

If I can be of any assistance, please contact me at 870-862-0680.

Sincerely,



John W. Lamb
District 8 Field Inspector
Water Division

cc: Water Division Enforcement Branch
Water Division Permits Branch

Form Approved
OMB No. 2040-0003UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code			NPDES										Yr/Mo/Day					Inspec. Type		Inspector		Fac. Type																																																								
1	N	2	5	3	A	R	0	0	0	1	2	1	0	11	12	1	2	0	1	3	1	17	18	C	19	T	20	2																																																		
Remarks																																																																														
<table border="1"> <tr> <td colspan="4">Inspection Work Days</td> <td colspan="4">Facility Evaluation Rating</td> <td colspan="2">BI</td> <td colspan="2">QA</td> <td colspan="10">Reserved</td> </tr> <tr> <td>67</td><td></td><td></td><td></td><td>69</td><td>70</td><td>2</td><td>71</td><td>N</td><td>72</td><td>N</td><td>73</td><td></td><td>74</td><td>75</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>80</td> </tr> </table>																												Inspection Work Days				Facility Evaluation Rating				BI		QA		Reserved										67				69	70	2	71	N	72	N	73		74	75														80
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67				69	70	2	71	N	72	N	73		74	75														80																																																		

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number)

Georgia Pacific LLC
Crossett Operations
100 Mill Supply Road
Crossett, AREntry Time/Date
09:45/01/31/2012Permit Effective Date
30 September 2010Exit Time/Date
4:50/02/01/2012Permit Expiration Date
31 October 2015Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s)
James Cutbirth/Environmental Affairs Manager /870-567-8144
Rachel Johnson, Environmental Engineer/ 870-567-8170

Other Facility Data

Name, Address of Responsible Official/Title/Phone and Fax Number
James Cutbirth, Environmental Affairs Manager /870-567-8144
Georgia-Pacific, LLC
P.O. Box 3333
Crossett, AR 71635Contacted
Yes ☒ No ☐

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	U	Operations & Maintenance	S	Sampling
M	Records/Reports	M	Self-Monitoring Program	S	Sludge Handling/Disposal	N	Pollution Prevention
M	Facility Site Review	S	Compliance Schedules	N	Pretreatment	N	Multimedia
S	Effluent/Receiving Waters	U	Laboratory	N	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

SEE PAGE 9 FOR FINDINGS/COMMENTS

Name(s) and Signature(s) of Inspector(s)

John W. Lamb Ronald L. (Red) Smith

Agency/Office/Telephone/Fax

AR Dept. of Environmental Quality, El Dorado, Hope
(870)862-0680 (870)862-3509 (870)777-7585

Date

27 February 2012

David Long

U.S. EPA, Region 6, 1445 Ross Avenue
Dallas, TX 75202 (214)665-7323

Signature of Reviewer

Agency/Office/Phone and Fax Numbers

Date

SECTION A: PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

- | | |
|--|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ALL DISCHARGES ARE PERMITTED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION B: RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT

☐S ☒M ☐U ☐NA ☐NEDETAILS: see page 9

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE: | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. DATES AND TIME(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. EXACT LOCATION(S) OF SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. NAME OF INDIVIDUAL PERFORMING SAMPLING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. ANALYTICAL METHODS AND TECHNIQUES: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| e. RESULTS OF CALIBRATIONS: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| f. RESULTS OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| g. DATES AND TIMES OF ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| h. NAME OF PERSON(S) PERFORMING ANALYSES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION C: OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED

☐S ☒M ☐U ☐NA ☐NEDETAILS: see page 9

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. TREATMENT UNITS PROPERLY MAINTAINED: | <input type="checkbox"/> S <input checked="" type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED: | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 10. PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 11. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 12. IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 13. HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |
| 14. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 15. IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT: | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION D: SAMPLING**PERMITTEE SAMPLING MEETS PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- | | |
|---|--|
| 1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SAMPLE COLLECTION PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. SAMPLES REFRIGERATED DURING COMPOSITING: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER PRESERVATION TECHNIQUES USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. IF MONITORING IS PERFORMED MORE OFTEN THAN REQUIRED ARE RESULTS REPORTED ON THE DMR: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION E: FLOW MEASUREMENT**PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS**☒S ☐M ☐U ☐NA ☐NE**DETAILS:**

- | | |
|---|--|
| 1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED: TYPE OF DEVICE: <u>Parshall flume</u> | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. CALIBRATION FREQUENCY ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. RECORDS MAINTAINED OF CALIBRATION PROCEDURES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 8. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 9. HEAD MEASURED AT PROPER LOCATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION F: LABORATORY**PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS**☐S ☐M ☒U ☐NA ☐NE**DETAILS: see page 9**

- | | |
|--|--|
| 1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(B) FOR SLUDGES): | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 4. QUALITY CONTROL PROCEDURES ADEQUATE: | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 5. DUPLICATE SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 6. SPIKED SAMPLES ARE ANALYZED $\geq 10\%$ OF THE TIME: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| 7. COMMERCIAL LABORATORY USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. LAB NAME: <u>Test America/Environ/Environ/Analytical Perspectives</u> | |
| b. LAB ADDRESS: <u>Mobile AL/Brentwood Tn/Wilmington NC.</u> | |
| c. PARAMETERS PERFORMED: <u>chlorinated phenols, AOX, metals, nutrients, chloroform & pesticides, /Bio monitoring/Dioxin</u> | |
| 8. BIOMONITORING PROCEDURES ADEQUATE: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| a. PROPER ORGANISMS USED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| b. PROPER DILUTION SERIES FOLLOWED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| c. PROPER TEST METHODS AND DURATION: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |
| d. RETESTS AND/OR TRE PERFORMED AS REQUIRED: | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA <input type="checkbox"/> NE |

SECTION G: EFFLUENT/RECEIVING WATERS OBSERVATIONS

BASED ON VISUAL OBSERVATIONS ONLY

☒S ☐M ☐U ☐NA ☐NEDETAILS: See page 9

OUTFALL #:	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOATING SOLIDS	COLOR	OTHER
001	None	None	Mod	Trace	None	brown	
SMS	FLOODED						

SECTION H: SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NE

DETAILS:

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY: ☒S ☐M ☐U ☐NA ☐NE
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503: ☐S ☐M ☐U ☒NA ☐NE
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (E.G., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE):

SECTION I: SAMPLING INSPECTION PROCEDURES

SAMPLE RESULTS WITHIN PERMIT REQUIREMENTS

☐S ☐M ☐U ☒NA ☐NE

DETAILS:

1. SAMPLES OBTAINED THIS INSPECTION: ☐Y ☐N ☒NA ☐NE
2. TYPE OF SAMPLE: ☐GRAB:___ ☐COMPOSITE:___ METHOD:___ FREQUENCY:___
3. SAMPLES PRESERVED: ☐Y ☐N ☒NA ☐NE
4. FLOW PROPORTIONED SAMPLES OBTAINED: ☐Y ☐N ☒NA ☐NE
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE: ☐Y ☐N ☒NA ☐NE
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE: ☐Y ☐N ☒NA ☐NE
7. SAMPLE SPLIT WITH PERMITTEE: ☐Y ☐N ☒NA ☐NE
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED: ☐Y ☐N ☒NA ☐NE
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT: ☐Y ☐N ☒NA ☐NE

SECTION J: STORM WATER POLLUTION PREVENTION PLAN

STORM WATER MANAGEMENT MEETS PERMIT REQUIREMENTS

☒S ☐M ☐U ☐NA ☐NEDETAILS: See page 9

1. SWPPP UPDATED AS NEEDED: ☒Y ☐N ☐NA ☐NE
2. SITE MAP INCLUDING ALL DISCHARGES AND SURFACE WATERS: ☒Y ☐N ☐NA ☐NE
3. POLLUTION PREVENTION TEAM IDENTIFIED: ☒Y ☐N ☐NA ☐NE
4. POLLUTION PREVENTION TEAM PROPERLY TRAINED: ☒Y ☐N ☐NA ☐NE
5. LIST OF POTENTIAL POLLUTANT SOURCES: ☒Y ☐N ☐NA ☐NE
6. LIST OF POTENTIAL SOURCES AND PAST SPILLS AND LEAKS: ☒Y ☐N ☐NA ☐NE
7. ALL NON-STORM WATER DISCHARGES ARE AUTHORIZED: ☒Y ☐N ☐NA ☐NE
8. LIST OF STRUCTURAL BMPS: ☒Y ☐N ☐NA ☐NE
9. LIST OF NON-STRUCTURAL BMPS: ☒Y ☐N ☐NA ☐NE
10. BMPS PROPERLY OPERATED AND MAINTAINED: ☒Y ☐N ☐NA ☐NE
11. INSPECTIONS CONDUCTED AS REQUIRED: ☒Y ☐N ☐NA ☐NE

FLOW CALCULATION SHEET

Date: 31 Jan 2012 Time: 11:28

Head in Inches: 18.0" Feet: 1.5'

Type & Size of Primary Flow Measurement Device: 8 foot parshall flume

Name & Model of Secondary Flow Measurement Device: Milltronics OCM III

Date of last Calibration of Secondary Flow Device: 12/22/2011

Recorded Flow at Date & Time Listed Above: 38.25 mgd (Facility Flow Meter)

Calculated Flow at Date & Time Listed Above: 39.68

(Flow is calculated using flow charts in: ISCO Open Channel Flow Measurement Handbook-5th Edition)

% Error =	Recorded Value	-	Calculated Value	X 100
	Calculated Value			

% Error =	38.25	-	39.68	X 100
	39.68			

% Error =	3.6	%
-----------	-----	---

Comments: Less than 10 % error is acceptable.

DMR Calculation Check

Reporting Period: From 2011 Dec 01 To 2011 Dec 31
Year Month Day Year Month Day

Parameter Checked: BOD

	Loading Mass	Concentration	
	Mo. Avg. - lbs/day	Mo. Avg. - mg/l	Daily Max. - mg/l
Reported Value:	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
Calculated Value:	<u>7,982</u>	<u>24.1</u>	<u>30.5</u>
Permit Value:	<u>24,155.4</u>	<u>64.4</u>	<u>123.8</u>

If calculated value does not equal reported value, explain:

equal

NPDES Compliance Inspection Report Further Explanation

Section B: The facility has a BMP plan as required by the permit (Part II, item 9.). This plan was being implemented at the time of the inspection.

The facility has started implantation of a Mercury Pollutant Minimization Plan as required by the permit (Part II, 20 of the permit). The plan was started on September 01, 2011 and revised on November 08, 2011.

Section B, item 9: & Section F, item 1: The facility's contract lab (Test America) did not specify the method number from Standard Methods it was using for Nitrate-Nitrogen analysis. The lab simply stated it was from Standard Methods.

Section C, Item 2: The last wing levee in the Aeration Stabilization Basin (ASB) had excessive erosion on it. See photos 1 and 2.

The bar screen had excessive solids on the ground on both sides which needed to be cleaned up. See photos 3-5.

Section F, items 1 and 2: The facility was not following the method as outlined in Standard Methods 2540 for TSS analysis. They were shaking and pouring the sample instead of using a stirrer and pipette according to the method. The facility fills that this is more representative way due to the nature of the effluent not being homogenous. The facility should contact Ms. Jane Hurley, ADEQ QA Officer, for written approval for variance in the method.

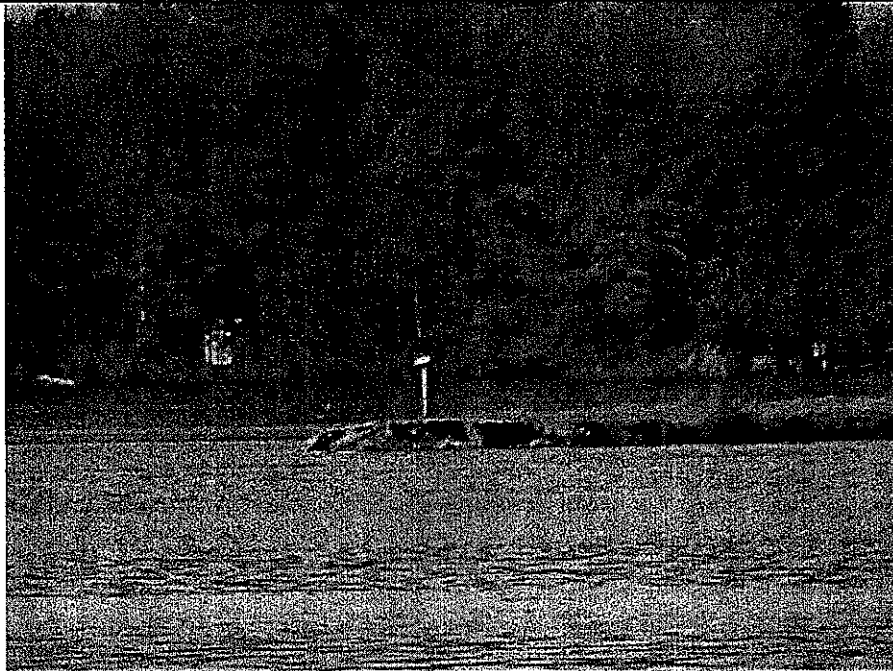
Section F, item 4: The facility's laboratory S.O.P.s needed to be updated to showing exact procedures used, approval date and person approving the S.O.P's to reflect what is going on in the lab. For example, the lab procedures had the approval signature of a person that no longer worked at the facility. The facility should consider contacting Ms. Jane Hurley at ADEQ to help establish better OA/QC procedures for the lab.

Section G: SMS 002 was not viewed or inspected due to being flooded by the Ouachita River at the time of the inspection. The river level was over 62 feet at Felsenthal Lock and Dam and as defined in the permit, Mossy Lake is considered flooded at a river stage of 62 feet or above and for two weeks following the river level falling below 62 feet.

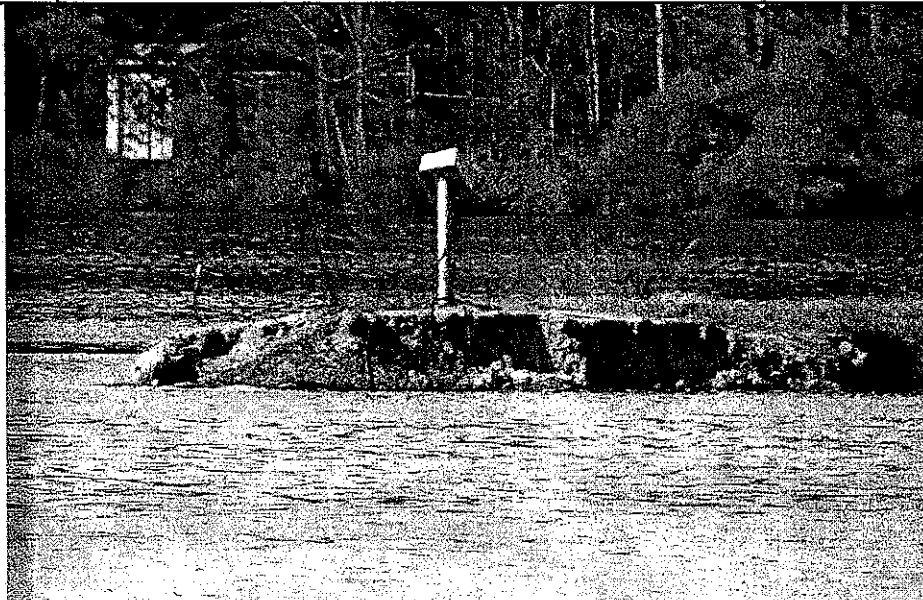
Section J: A more in depth explanation of the facility's SWPPP, controls and etc. can be found in the inspection report for ARR00A776 conducted same date for the facility.

Water Division NPDES Photographic Evidence Sheet

Location:	Georgia Pacific LLC, Crossett						
Photographer:	John Lamb			Witness:	Ronald Smith		
Photo #	1	Of	5	Date:	01/31/2012	Time:	11:55
Description:	Erosion of last wing dam in ASB						



Photographer:	Richard Freeman, G-P			Witness:	John Lamb		
Photo #	2	Of	5	Date:	01/31/2012	Time:	11:55
Description:	Close up of wing dam erosion taken by G-P camera						



Water Division NPDES Photographic Evidence Sheet

Location:	Georgia Pacific LLC, Crossett							
Photographer:	John Lamb				Witness:	Ronald Smith		
Photo #	3	Of	5		Date:	01/31/2012	Time:	13:15
Description:	East side of bar screen showing excessive solids on the ground.							

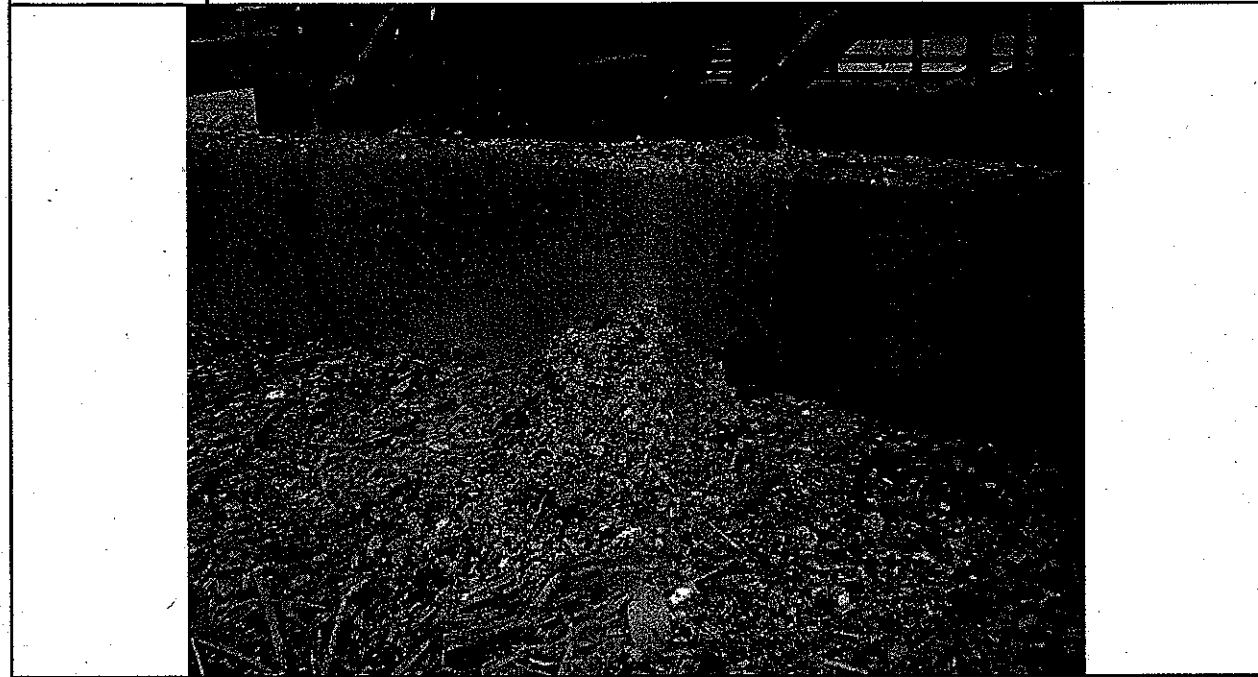


Photographer:	John Lamb				Witness:	Ronald Smith		
Photo #	4	Of	5		Date:	01/31/2012	Time:	13:15
Description:	East side of bar screen at the dumpster hopper. Solids need to be cleaned up more							



Water Division NPDES Photographic Evidence Sheet

Location:	Georgia Pacific LLC, Crossett						
Photographer:	John Lamb			Witness:	Ronald Smith		
Photo #	5	Of	5	Date:	01/31/2012	Time:	13:15
Description:	West side of bar screen, solids on the ground						



Photographer:				Witness:			
Photo #		Of		Date:		Time:	
Description:							

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Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

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Air Toxics & Inspection
Coordination Branch
6EN-A

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Washington, D.C. 20460
JUN 15 2005 NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code										NPDES										yr/mo/day										Inspec. Type		Inspector		Fac Type	
1	N	2	5	3	A	R	0	0	0	1	2	1	0	11	12	0	5	0	5	2	5	17	18	C	19	T	20	2							
Remarks																																			
0 2 - 0 0 0 1 3 A s h l e y																																			
Inspection Work Days								Facility Evaluation Rating								BI		QA		Reserved															
67								70 3								71 N		72 N		73		74		75		80									

Section B: Facility Data

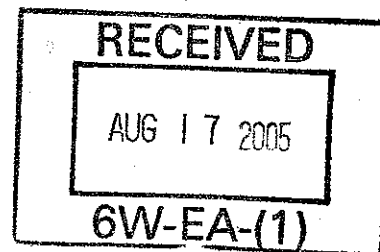
Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Georgia Pacific Corporation d/b/a Georgia Pacific Crossett Paper Operation, 100 Papermill Road Crossett, AR		Entry Time /Date 09:15/ 05/05/25	Permit Effective Date 01 September 2004
		Exit Time/Date 18:05/ 05/05/25	Permit Expiration Date 31 August 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Alan Thomas/Environmental Engineer-870-567-8670, James Turberville, Environmental Specialist/870-567-8670 James Cutbirth, Technical Service Manager/870567-8144 Fax 870-364-9076			Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Charles E. Hodges, Senior Vice President 870-567-5049 Georgia Pacific Corporation P.O. Box 3333 Crossett, AR 71635			
Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	U	Sampling
U	Records/Reports	U	Self-Monitoring Program	S	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
U	Effluent/Receiving Waters	S	Laboratory	S	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See Attachment 3 for comments



Name(s) and Signature(s) of Inspector(s) John Wesley Lamb Patricia Willis	Agency/Office/Telephone/Fax ADEQ/EI Doraod/870-862-5941/870-862-3509 EPA Region 6/Dallas/214-665-8356/214-665-7446	Date 07 June 2005 6-10-05
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

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AUG 8 2005

Air Toxics & Inspection
Coordination Branch
6EN-A

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

- | | |
|---|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. ALL DISCHARGES ARE PERMITTED | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
DETAILS: see Attachment 3

☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes)

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE. | <input type="checkbox"/> S <input type="checkbox"/> M <input checked="" type="checkbox"/> U <input type="checkbox"/> NA |
| a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NA |
| b) NAME OF INDIVIDUAL PERFORMING SAMPLING | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N |
| c) ANALYTICAL METHODS AND TECHNIQUES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| d) RESULTS OF ANALYSES AND CALIBRATIONS. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| e) DATES AND TIMES OF ANALYSES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| f) NAME OF PERSON(S) PERFORMING ANALYSES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NE |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

- | | |
|--|---|
| 1. TREATMENT UNITS PROPERLY OPERATED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 2. TREATMENT UNITS PROPERLY MAINTAINED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NE |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NE |

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? ☐ Y ☐ N ☒ NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? ☐ Y ☐ N ☒ NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? ☐ Y ☐ N ☒ NA
10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? ☐ Y ☐ N ☒ NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? ☐ Y ☐ N ☒ NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. ☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes).
 DETAILS: see Attachment 3

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ Y ☐ N ☐ NA
3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. ☒ Y ☐ N ☐ NA
4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA
6. SAMPLE COLLECTION PROCEDURES ADEQUATE ☐ Y ☒ N ☐ NA
- a) SAMPLES REFRIGERATED DURING COMPOSITING. ☒ Y ☐ N ☐ NA
- b) PROPER PRESERVATION TECHNIQUES USED. ☒ Y ☐ N ☐ NA
- c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136 ☒ Y ☐ N ☐ NA
7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? ☒ Y ☐ N ☐ NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. ☒ Y ☐ N ☐ NA
 TYPE OF DEVICE parshall flume at Outfall 001, weir at SMS 002
2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. ☒ Y ☐ N ☐ NA
3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. ☒ Y ☐ N ☐ NA
4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION April 2005) ☒ Y ☐ N ☐ NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. ☒ Y ☐ N ☐ NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. ☒ Y ☐ N ☐ NA
5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. ☒ Y ☐ N ☐ NA
6. HEAD MEASURED AT PROPER LOCATION. ☒ Y ☐ N ☐ NA
7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. ☒ Y ☐ N ☐ NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) ☒ Y ☐ N ☐ NA

SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ☒ Y ☐ N ☐ NA
3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ S ☐ M ☐ U ☐ NA
4. QUALITY CONTROL PROCEDURES ADEQUATE. ☒ S ☐ M ☐ U ☐ NA
5. DUPLICATE SAMPLES ARE ANALYZED 10% OF THE TIME. ☒ Y ☐ N ☐ NA
6. SPIKED SAMPLES ARE ANALYZED 10% OF THE TIME. ☒ Y ☐ N ☐ NA
7. COMMERCIAL LABORATORY USED. ☒ Y ☐ N ☐ NA

LAB NAME STL Mobile, Alta Analytical Perspectives Bio Analytical Inc
 LAB ADDRESS Mobile, AL, Wilmington, NC, Doyline, LA
 PARAMETERS PERFORMED AOX, Chloroform, Phenols Dioxin and Furans Biomonitoring

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS.

☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes).

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	none	None	Moderate	Yes, but not persistent	None	Dark brown	
SMS 002	None	None	Moderate	Yes, but not persistent	Yes	Dark Brown	

Comments: See Attachment 3

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS.
 DETAILS: See Attachment 3

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED yes).

1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. ☒ S ☐ M ☐ U ☐ NA
2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. ☐ S ☐ M ☐ U ☒ NA
3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES

(FURTHER EXPLANATION ATTACHED no).

1. SAMPLES OBTAINED THIS INSPECTION. ☐ Y ☐ N ☒ NA
2. TYPE OF SAMPLE OBTAINED
 GRAB ☐ COMPOSITE ☐ SAMPLE ☐ METHOD ☐ FREQUENCY ☐
3. SAMPLES PRESERVED. ☐ Y ☐ N ☒ NA
4. FLOW PROPORTIONED SAMPLES OBTAINED. ☐ Y ☐ N ☒ NA
5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ☐ Y ☐ N ☒ NA
6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. ☐ Y ☐ N ☒ NA
7. SAMPLE SPLIT WITH PERMITTEE. ☐ Y ☐ N ☒ NA
8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ☐ Y ☐ N ☒ NA
9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ☐ Y ☐ N ☒ NA

DMR Calculation Check

Reporting Period: From 2005 April 01 To 2005 April 30
 Year Month Day Year Month Day

Parameter Checked: BOD 001

		Loading Mass	Concentration	
		Monthly Avg. lbs/ day Daily Max. lbs/day	Monthly Avg.-mg/L 7-Day Avg. or Daily Max- mg/L	
Reported Value:	13,690	16,378	35.9 42.1	
Calculated Value:	13,690	16,378	35.9 42.1	
Permit Value:	26,310	50,617	70 135	

If calculated value does not equal reported value, explain: equal

FLOW CALCULATION SHEET

Field Data: Date 05/25/05 Time 15:100

Head in Inches _____ = 1.74 ft.

Type & Size of Primary Flow Measurement Device 8 foot Parshall flume

Name & Model of Secondary Flow Measurement Device Milltronics

Recorded Flow at date & time listed above 49.49 MGD

Flows are calculated from flow charts taken from the ISCO Open Channel Flow Measurement Handbook

1.74 ft. = 50.36 M.G.D./g.p.m.

% error = $\frac{\text{recorded value} - \text{calculated value}}{\text{calculated value}} \times 100$

% error = 1.72 less than 10% is ok

Further Details

Section B: The name and the address of the contract lab did not appear on the facility's copies of the DMRs as required by Part II, Section C, Item 5 of the Permit.

Section B, item 2a: The facility was not documenting Chloroform samples dates and times for the 24 hour composites done weekly at Internal Outfalls 101, 102, 103.

Section B, item 2b: The facility was not documenting the individual performing Chloroform samples for the 24 hour composites done weekly at Internal Outfalls 101, 102, 103.

Section D, item 6: The sample tube at Outfall 001 was in need of replacement.

Section D, item 6: The facility has not been collecting the required minimum 12 effluent portions for a 24 hour composite at Internal Outfalls 101, 102, 103. See Attachment 6 for a copy of the facility's sample log for Internal Outfall 101.

Section G, Outfall 001: The facility had foam present below Outfall 001, but this foam was not in a persistent nature and dissipated below the Outfall.

Section G, SMS 002: The facility had foam present below SMS 002, but this foam was not in a persistent nature and dissipated below the SMS.

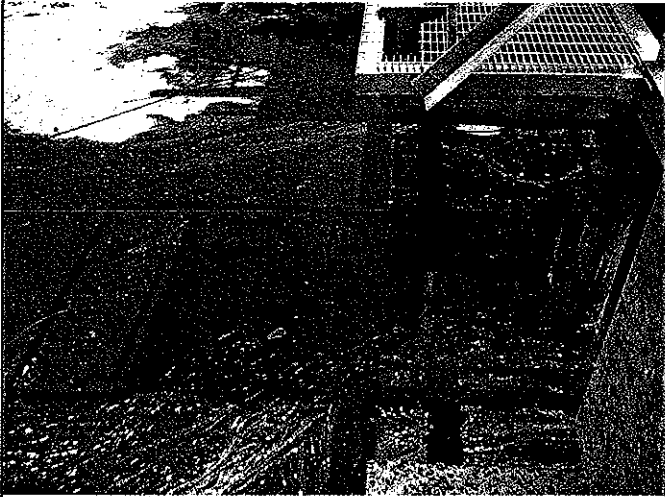

The facility was allowing distinct visible floating solids to be discharged from the SMS. The floating solids were in the form of duck weed and filamentous algae. See Attachments 4 and 5 for photos of the floating solids.

Section H: The facility removes sludge from the treatment plant via a clarifier for the pulp sewer and by the use of ash settling basins for the acid sewer. Both the sludge from the clarifier and ash basins are being used as fill material for closure of the old sludge pond. Also, ash from the settling basins is used for cover on the landfill (permitted by the ADEQ Solid Waste Division, Permit 292-S3N). As the solids are removed from the clarifier, they are dewatered by screw presses, then, the dewatered solids are trucked to the old sludge pond. As the solids are removed from the ash basins, they are dewatered by stock piling the solids beside the basins and allowed to dry. Then after a very large quantity of ash has accumulated, the facility transports the ash to the old sludge pond. (For more information, see the Permit fact sheet page 3, item 9.)

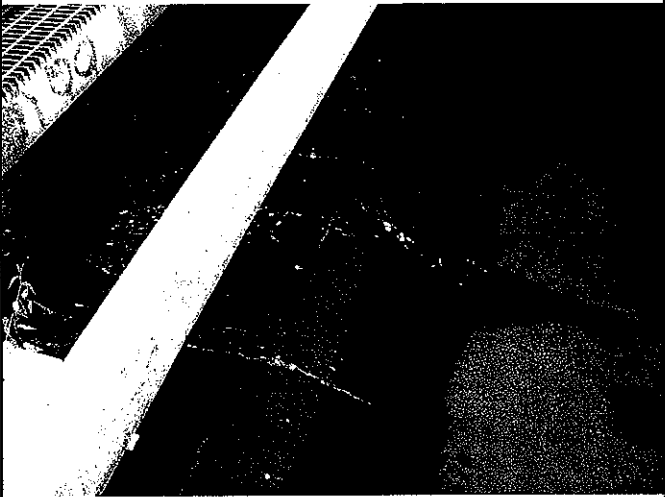
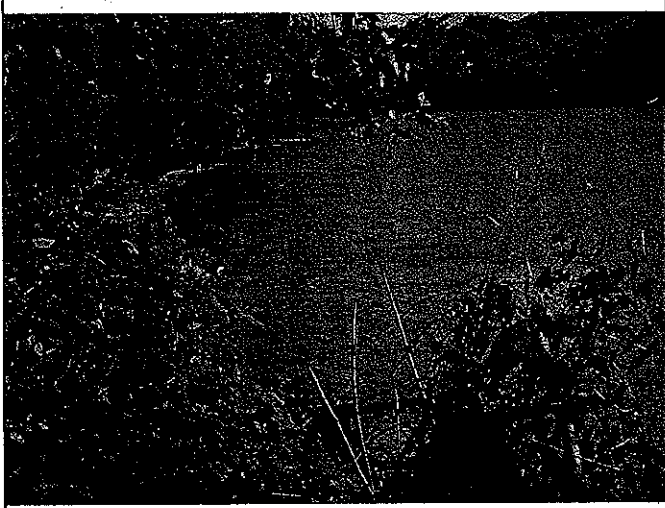
Other Conditions: Part III, item 9 of the Permit requires that Georgia Pacific (G-P) and the City of Crossett enter into and maintain an agreement for the discharge of the City's treated effluent into G-P's wastewater treatment system. G-P receives on average 1 MGD from the City's two oxidation lagoons prior to facility's Aerated Stabilization Basin (ASB). This agreement is in the final draft but has yet to be signed by the facility and the City. It is anticipated that the agreement be signed within a few weeks.

Arkansas Department of Environmental Quality (ADEQ)
Official Photograph Sheet

AR0001210
Attachment 4

Location:		Georgia Pacific Crossett Paper Operations						
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	1	Of	4		Date:	25 May 05		
Description:		Standing beside SMS 002, showing duck weed, and other floating solids floating in to SMS weir box						
								
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	2	Of	4		Date:	25 May 05		
Description:		Standing on SMS weir box. Showing duck weed and other solids floating into the weir box						
								

Official Photograph Sheet

Location:	Georgia Pacific Crossett Paper Operations						
Photographer:	Patricia Willis				Witness:	John Lamb	
Photo #	3	Of	4		Date:	25 May 05	
Description:	Looking into SMS 002 weir box, showing algae and duck weed being discharged.						
							
Photographer:	Patricia Willis				Witness:	John Lamb	
Photo #	4	Of	4		Date:	25 May 05	
Description:	Coffee Creek entering the Ouachita River. Showing effluent in the left of the picture and the River water in the right of the picture						
							

Georgia-Pacific
Swell Paper Operations
Swell Arkansas 71635

DATE: 5/1/05

START TIME: 04⁰⁰

STOP TIME: _____

HK 000 1210
Attachment 6

outfall -
101 by
John Lamb

SAMPLE LOCATION: AR230

SAMPLE CODE: AR230-B-55-1AEOP

METER CALIBRATED: OK

Lab Number	Date/Time	pH	Temperature	Cl/CIO ₂ Residual	mL of 1N Thios.	Sample Iced	Sample collected by
1	5/1/05 104 ⁰⁰	9.34	40.2	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	OK
2	5/1/05 108 ⁰⁰	9.24	56.4	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	RR
3	5/1/05 112 ⁰⁰	9.17	53.6	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	RR
4	5/1/05 116 ⁰⁰	9.26	57.0	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	RR
5	5/1/05 120 ⁰⁰	9.32	51.9	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	RR
6	5/2/05 100 ⁰⁰	9.10	57.6	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	RR
Composite						Yes <input type="checkbox"/> No <input type="checkbox"/>	

Comments/Deviations from sampling plan: _____



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 6
SURVEILLANCE SECTION
1445 Ross Ave.
Dallas, TEXAS 75202

DATE: June 10, 2005

SUBJECT: Transmittal Memo - Compliance Monitoring Report(s)

FROM: Mike Michaud, Chief
Surveillance Section (6EN-AS)

TO: Estella Sugawara-Adams, Chief
NPDES Compliance Monitoring Section (6EN-WC)

An oversight of a State lead compliance monitoring inspection was conducted on 5-25-05 at the following location:

Facility Name: Georgia Pacific Corporation Crossett Paper Operation

Address: 100 Papermill Road

City: Crossett, AR 71635

Permit No.: AR00001210

Inspector: Patricia Willis

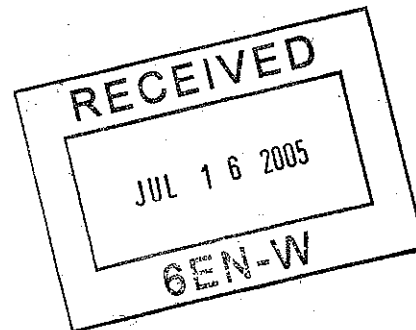
Type Facility: Federal () Municipal () Non-Municipal (X)

Compliance monitoring reports attached: (Check appropriate box)

NPDES

(X) Major	(X) CEI - OS	() PAI	() PCI
() Minor	() CSI	() DIA	() IU
() NOD	() CSI-Toxics	() BIO	() STORMWATER

Comments: _____



JAN 19 2006

FCIS
✓
UNSAT

EPA

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code 1 **N** 2 **5** 3 **A R 0 0 0 1 2 1 0** 11 12 **0 5 0 5 2 5** 13
NPDES yr/mo/day
Inspection Type 16 **0** Inspector 19 **T** Fac Type 20 **2**

21 **O V E R S I G H T o f S t a t e C E I** 66

Inspection Work Days 67 **1** 69 Facility Evaluation Rating 70 **1** BI 71 **N** QA 72 **N** Reserved 73 **1** 74 75 **1** 76 **1** 77 **1** 78 **1** 79 **1** 80

Section B: Facility Data

Name and Location of Facility Inspected Georgia Pacific Corporation d/b/a Georgia Pacific Crossett Paper Operation, 100 Papermill Road, Crossett, AR, 71635		Entry Time/Date 9:15am/5-25-05	Permit Effective Date 9-1-04
Name(s) of On-Site Representative(s) Alan Thomas James Turberville James Cutbirth		Exit Time/Date 6:05pm/5-25-05	Permit Expiration Date 8-31-09
Name, Address of Responsible Official Charles E. Hodges Georgia Pacific Corporation P.O. Box 3333, Crossett, AR 71635		Title Senior Vice President	Phone No(s) 870-567-8670 870-567-8670 870-567-8144
		Phone No. 870-567-5049	Contacted <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S Permit	S Flow Measurement	S Stormwater	N CSO/SSO (Sewer Overflow)
U Records/Reports	U Self-Monitoring Program	S Sludge Handling/Disposal	S Pollution Prevention
S Facility Site Review	N Compliance Schedules	N Pretreatment	N Multimedia
U Effluent/Receiving Waters	S Laboratory	S Operations & Maintenance	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

TPDES-S-00013
STATE INSPECTOR:
John Wesley Lamb 870-862-5941

K

Name(s) and Signature(s) of Inspector(s) Patricia A. Willis <i>Patricia Willis</i>	Agency/Office/Telephone EPA/6EN-AS/(214)665-8356	Date 6-10-05
Signature of Reviewer	Agency/Office	Date



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

RECEIVED

JUN 9 2005

62-111777-1000
 Air/Toxics & Inspection
 Coordination Branch
 62EN-A

Section A: National Data System Coding

Transaction Code						NPDES							yr/mo/day					Inspec. Type		Inspector		Fac Type				
N		5		A	R	0	0	0	1	2	1	0		0	5	0	5	2	5	C	T	2				
Remarks																										
0	2	-	0	0	0	1	3		A	s	h	i	e	y												
Inspection Work Days					Facility Evaluation Rating								BI	QA	Reserved											
67				69	70	3							71	N	72	N	73			74	75					80

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Georgia Pacific Corporation d/b/a Georgia Pacific Crossett Paper Operation, 100 Papermill Road Crossett, AR	Entry Time /Date 09:15/ 05/05/25	Permit Effective Date 01 September 2004
	Exit Time/Date 18:05/ 05/05/25	Permit Expiration Date 31 August 2009
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Alan Thomas/Environmental Engineer-870-567-8670, James Turberville, Environmental Specialist/870-567-8670 James Cutbirth, Technical Service Manager/870567-8144 Fax 870-364-9076		Other Facility Data
Name, Address of Responsible Official/Title/Phone and Fax Number Charles E. Hodges, Senior Vice President 870-567-5049 Georgia Pacific Corporation P.O. Box 3333 Crossett, AR 71635	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S	Permit	S	Flow Measurement	S	Operations & Maintenance	U	Sampling
U	Records/Reports	U	Self-Monitoring Program	S	Sludge Handling/Disposal	S	Pollution Prevention
S	Facility Site Review	N	Compliance Schedules	N	Pretreatment	N	Multimedia
U	Effluent/Receiving Waters	S	Laboratory	S	Storm Water		Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

See Attachment 3 for comments

Name(s) and Signature(s) of Inspector(s) John Wesley Lamb	Agency/Office/Telephone/Fax ADEQ/EI Doraad/870-862-5941/870-862-3509	Date 07 June 2005
Patricia Willis	EPA Region 6/Dallas/214-665-8356/214-665-7446	6-10-05
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

PERMIT NO. AR0001210

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE

☒ Y ☐ N ☐ NA

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES

☐ Y ☐ N ☒ NA

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT

☒ Y ☐ N ☐ NA

4. ALL DISCHARGES ARE PERMITTED

☒ Y ☐ N ☐ NA

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
DETAILS: see Attachment 3

☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes)

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.

☒ Y ☐ N ☐ NA

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.

☐ S ☐ M ☒ U ☐ NA

a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING

☐ Y ☒ N ☐ NA

b) NAME OF INDIVIDUAL PERFORMING SAMPLING

☐ Y ☒ N ☐ N

c) ANALYTICAL METHODS AND TECHNIQUES.

☒ Y ☐ N ☐ NA

d) RESULTS OF ANALYSES AND CALIBRATIONS.

☒ Y ☐ N ☐ NA

e) DATES AND TIMES OF ANALYSES.

☒ Y ☐ N ☐ NA

f) NAME OF PERSON(S) PERFORMING ANALYSES.

☒ Y ☐ N ☐ NA

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.

☒ S ☐ M ☐ U ☐ NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.

☒ S ☐ M ☐ U ☐ NE

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.

☒ Y ☐ N ☐ NA

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

1. TREATMENT UNITS PROPERLY OPERATED.

☒ S ☐ M ☐ U ☐ NA

2. TREATMENT UNITS PROPERLY MAINTAINED.

☒ S ☐ M ☐ U ☐ NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.

☒ S ☐ M ☐ U ☐ NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

☒ S ☐ M ☐ U ☐ NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE.

☒ S ☐ M ☐ U ☐ NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.

☒ S ☐ M ☐ U ☐ NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.

☒ S ☐ M ☐ U ☐ NE

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.
STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.

☒ Y ☐ N ☐ NA

PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.

☒ Y ☐ N ☐ NE

SECTION C - OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? ☐ Y ☐ N ☒ NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? ☐ Y ☐ N ☒ NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? ☐ Y ☐ N ☒ NA

10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? ☐ Y ☐ N ☒ NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? ☐ Y ☐ N ☒ NA

SECTION D - SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. ☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes).
 DETAILS: see Attachment 3

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA

2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. ☒ Y ☐ N ☐ NA

3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. ☒ Y ☐ N ☐ NA

4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA

5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. ☒ Y ☐ N ☐ NA

6. SAMPLE COLLECTION PROCEDURES ADEQUATE ☐ Y ☒ N ☐ NA

a) SAMPLES REFRIGERATED DURING COMPOSITING. ☒ Y ☐ N ☐ NA

b) PROPER PRESERVATION TECHNIQUES USED. ☒ Y ☐ N ☐ NA

c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136 ☒ Y ☐ N ☐ NA

7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? ☒ Y ☐ N ☐ NA

SECTION E - FLOW MEASUREMENT

PERMITTEE FLOW MEASUREMENT MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. ☒ Y ☐ N ☐ NA
 TYPE OF DEVICE parshall flume at Outfall 001, weir at SMS 002

2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. ☒ Y ☐ N ☐ NA

3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. ☒ Y ☐ N ☐ NA

4. CALIBRATION FREQUENCY ADEQUATE. (DATE OF LAST CALIBRATION April 2005) ☒ Y ☐ N ☐ NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. ☒ Y ☐ N ☐ NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. ☒ Y ☐ N ☐ NA

5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. ☒ Y ☐ N ☐ NA

6. HEAD MEASURED AT PROPER LOCATION. ☒ Y ☐ N ☐ NA

7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. ☒ Y ☐ N ☐ NA

SECTION F - LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) ☒ Y ☐ N ☐ NA

SECTION F - LABORATORY (CONT'D)

2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED ☒ Y ☐ N ☐ NA3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. ☒ S ☐ M ☐ U ☐ NA4. QUALITY CONTROL PROCEDURES ADEQUATE. ☒ S ☐ M ☐ U ☐ NA5. DUPLICATE SAMPLES ARE ANALYZED 10% OF THE TIME. ☒ Y ☐ N ☐ NA6. SPIKED SAMPLES ARE ANALYZED 10% OF THE TIME. ☒ Y ☐ N ☐ NA7. COMMERCIAL LABORATORY USED. ☒ Y ☐ N ☐ NALAB NAME STL Mobile Alta Analytical Perspectives Bio Analytical IncLAB ADDRESS Mobile, AL Wilmington, NC Doyline, LAPARAMETERS PERFORMED AOX, Chloroform, Phenols Dioxin and Furans BiomonitoringSECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. ☐ S ☐ M ☒ U ☐ NA (FURTHER EXPLANATION ATTACHED yes.)

Based on visual observations only.

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	none	None	Moderate	Yes, but not persistent	None	Dark brown	
SMS 002	None	None	Moderate	Yes, but not persistent	Yes	Dark Brown	

Comments: See Attachment 3

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. ☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no.)
DETAILS:1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. ☒ S ☐ M ☐ U ☐ NA2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. ☐ S ☐ M ☐ U ☒ NA

3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED no.)1. SAMPLES OBTAINED THIS INSPECTION. ☐ Y ☐ N ☒ NA

2. TYPE OF SAMPLE OBTAINED

GRAB COMPOSITE SAMPLE METHOD FREQUENCY

3. SAMPLES PRESERVED. ☐ Y ☐ N ☒ NA4. FLOW PROPORTIONED SAMPLES OBTAINED. ☐ Y ☐ N ☒ NA5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. ☐ Y ☐ N ☒ NA6. SAMPLE REPRESENTATIVE OF VOLUME AND NATURE OF DISCHARGE. ☐ Y ☐ N ☒ NA7. SAMPLE SPLIT WITH PERMITTEE. ☐ Y ☐ N ☒ NA8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. ☐ Y ☐ N ☒ NA9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. ☐ Y ☐ N ☒ NA

AR0001210

Attachment # 1

DMR Calculation Check

Reporting Period: From 2005 April 01 To 2005 April 30
Year Month Day Year Month Day

Parameter Checked: BOD 001

Avg. or Daily Max- mg/L	Monthly Avg. lbs/ day	Loading Mass Daily Max. lbs/day	Monthly	Concentration 7-Day
			Avg.-mg/L	
Reported Value:	13,690	16,378	35.9	42.1
Calculated Value:	13,690	16,378	35.9	42.1
Permit Value:	26,310	50,617	70	135
If calculated value does not equal reported value, explain:			equal	

FLOW CALCULATION SHEET

Field Data: Date 05/25/05 Time 15:100

Head in Inches _____ = 1.74 ft.

Type & Size of Primary Flow Measurement Device 8 foot Parshall flume

Name & Model of Secondary Flow Measurement Device Milltronics

Recorded Flow at date & time listed above 49.49 MGD

Flows are calculated from flow charts taken from the ISCO Open Channel Flow Measurement Handbook

1.74 ft. = 50.36 M.G.D./g.p.m.

% error = $\frac{\text{recorded value} - \text{calculated value}}{\text{calculated value}} \times 100$

% error = 1.72 less than 10% is ok

Further Details

Section B: The name and the address of the contract lab did not appear on the facility's copies of the DMRs as required by Part II, Section C, Item 5 of the Permit.

Section B, item 2a: The facility was not documenting Chloroform samples dates and times for the 24 hour composites done weekly at Internal Outfalls 101, 102, 103.

Section B, item 2b: The facility was not documenting the individual performing Chloroform samples for the 24 hour composites done weekly at Internal Outfalls 101, 102, 103.

Section D, item 6: The sample tube at Outfall 001 was in need of replacement.

Section D, item 6: The facility has not been collecting the required minimum 12 effluent portions for a 24 hour composite at Internal Outfalls 101, 102, 103. See Attachment 6 for a copy of the facility's sample log for Internal Outfall 101.

Section G, Outfall 001: The facility had foam present below Outfall 001, but this foam was not in a persistent nature and dissipated below the Outfall.

Section G, SMS 002: The facility had foam present below SMS 002, but this foam was not in a persistent nature and dissipated below the SMS.

The facility was allowing distinct visible floating solids to be discharged from the SMS. The floating solids were in the form of duck weed and filamentous algae. See Attachments 4 and 5 for photos of the floating solids.



"Lamb, John"
<LAMBJ@adeq.state.a
r.us>

To: Patriciaa Willis/R6/USEPA/US@EPA
cc:
Subject: RE: Georgia Pacific inspection

06/07/2005 10:04 AM

Patricia,

Here is what I added to Attachment 3. I will send it like this, because the G-p file is so big. But this is word for word.

Section H: The facility removes sludge from the treatment plant via a clarifier for the pulp sewer and by the use of ash settling basins for the acid sewer. Both the sludge from the clarifier and ash basins are being used as fill material for closure of the old sludge pond. Also, ash from the settling basins is used for cover on the landfill (permitted by the ADEQ Solid Waste Division, Permit 292-S3N). As the solids are removed from the clarifier, they are dewatered by screw presses, then, the dewatered solids are trucked to the old sludge pond. As the solids are removed from the ash basins, they are dewatered by stock piling the solids beside the basins and allowed to dry. Then after a very large quantity of ash has accumulated, the facility transports the ash to the old sludge pond. (For more information, see the Permit fact sheet page 3, item 9.)

Other Conditions: Part III, item 9 of the Permit requires that Georgia Pacific (G-P) and the City of Crossett enter into and maintain an agreement for the discharge of the City's treated effluent into G-P's wastewater treatment system. G-P receives on average 1 MGD from the City' two oxidation lagoons prior to facility's Aerated Stabilization Basin (ASB). This agreement is in the final draft but has yet to be signed by the facility and the City. It is anticipated that the agreement be signed within a few weeks.


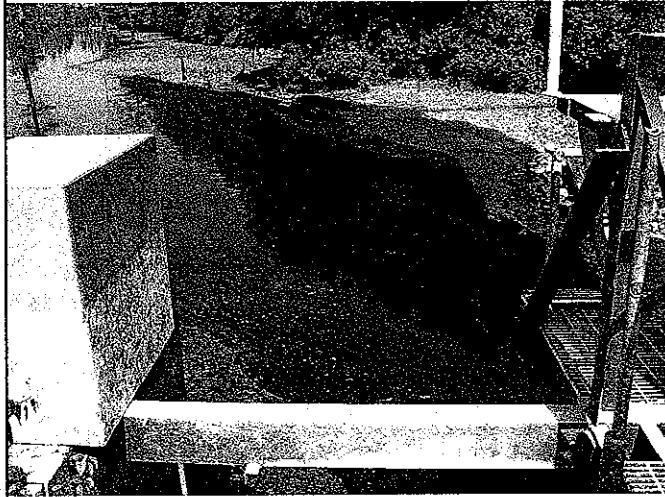
-----Original Message-----

From: Willis.Patriciaa@epamail.epa.gov
[mailto:Willis.Patriciaa@epamail.epa.gov]
Sent: Tuesday, June 07, 2005 9:57 AM
To: Lamb, John
Subject: RE: Georgia Pacific inspection

John, I did remember the agreement letter and price, but couldn't remember exactly what the permit language read. Thanks again. (Embedded image moved to file: pic02600.gif)



Arkansas Department of Environmental Quality (ADEQ)
Official Photograph Sheet

AR0001210
Attachment 4

Location:		Georgia Pacific Crossett Paper Operations						
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	1	Of	4		Date:	25 May 05		
Description:		Standing beside SMS 002, showing duck weed, and other floating solids floating in to SMS weir box						
								
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	2	Of	4		Date:	25 May 05		
Description:		Standing on SMS weir box. Showing duck weed and other solids floating into the weir box						
								

**Arkansas Department of Environmental Quality (ADEQ)
Official Photograph Sheet**

**AR0001210
Attachment 5**

Location:		Georgia Pacific Crossett Paper Operations						
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	3	Of	4		Date:	25 May 05		
Description:		Looking into SMS 002 weir box, showing algae and duck weed being discharged.						
								
Photographer:		Patricia Willis			Witness:		John Lamb	
Photo #	4	Of	4		Date:	25 May 05		
Description:		Coffee Creek entering the Ouachita River. Showing effluent in the left of the picture and the River water in the right of the picture						
								



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Washington, D.C. 20460

NPDES Compliance Inspection Report

Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

RECEIVED

JUN 24 2004

Air Toxics & Inspection
Coordination Branch

Section A: National Data System Coding

Transaction Code	NPDES	yr/mo/day	Inspection Type	Inspector	Fac Type
1 N 2 5 3 A R 0 0 0 1 2 1 0 11 12 0 4 0 5 0 6 17 18 C 19 S 20 2					
Remarks					
0 2 - 0 0 0 1 3 A s h l e y					
Inspection Work Days	Facility Evaluation Rating	BI	QA	Reserved	
67 69	70 3	71 72 73 74 75 80			

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Georgia Pacific Corporation-Crossett Operations Crossett, AR	Entry Time /Date 10:05	Permit Effective Date 30 October 1991
	Exit Time/Date 14:40	Permit Expiration Date 31 October 1991
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Tom Gathright/Senior Environmental Engineer-870-567-8670	Other Facility Data	
Name, Address of Responsible Official/Title/Phone and Fax Number Charles E. Hodges, Senior Vice President G-P Crossett P.O. Box 3333 Crossett, AR 71635	Contacted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Section C: Areas Evaluated During Inspection
(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

S Permit	S Flow Measurement	S Operations & Maintenance	S Sampling
S Records/Reports	S Self-Monitoring Program	S Sludge Handling/Disposal	N Pollution Prevention
S Facility Site Review	N Compliance Schedules	N Pretreatment	N Multimedia
S Effluent/Receiving Waters	N Laboratory	N Storm Water	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Section A: The facility's permit is expired. The facility is waiting to receive a new permit.

All the records appeared in order.

Name(s) and Signature(s) of Inspector(s) John Wesley Lamb	Agency/Office/Telephone/Fax ADEQ/EI Doraod/870862-5941/870-862-3509	Date 26 May 2004
Signature of Reviewer	Agency/Office/Phone and Fax Numbers	Date

JUL 02 2004

PERMIT NO. AR0001210

SECTION A - PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS
DETAILS: see page 1

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED yes)

- | | |
|---|--|
| 1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES | <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA |
| 3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 4. ALL DISCHARGES ARE PERMITTED. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

SECTION B - RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

- | | |
|--|---|
| 1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| b) NAME OF INDIVIDUAL PERFORMING SAMPLING | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| c) ANALYTICAL METHODS AND TECHNIQUES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| d) RESULTS OF ANALYSES AND CALIBRATIONS. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| e) DATES AND TIMES OF ANALYSES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| f) NAME OF PERSON(S) PERFORMING ANALYSES. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| 3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |

SECTION C - OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.
DETAILS:

☒ S ☐ M ☐ U ☐ NA (FURTHER EXPLANATION ATTACHED no)

- | | |
|---|---|
| 1. TREATMENT UNITS PROPERLY OPERATED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 2. TREATMENT UNITS PROPERLY MAINTAINED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 5. ALL NEEDED TREATMENT UNITS IN SERVICE. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED. | <input checked="" type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> NA |
| 8. OPERATION AND MAINTENANCE MANUAL AVAILABLE. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |
| PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED. | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA |